

Permit #:	17-0167
Date:	5-24-17
Amount Paid:	\$850 5-14-17
Refund:	

Letter to Congress

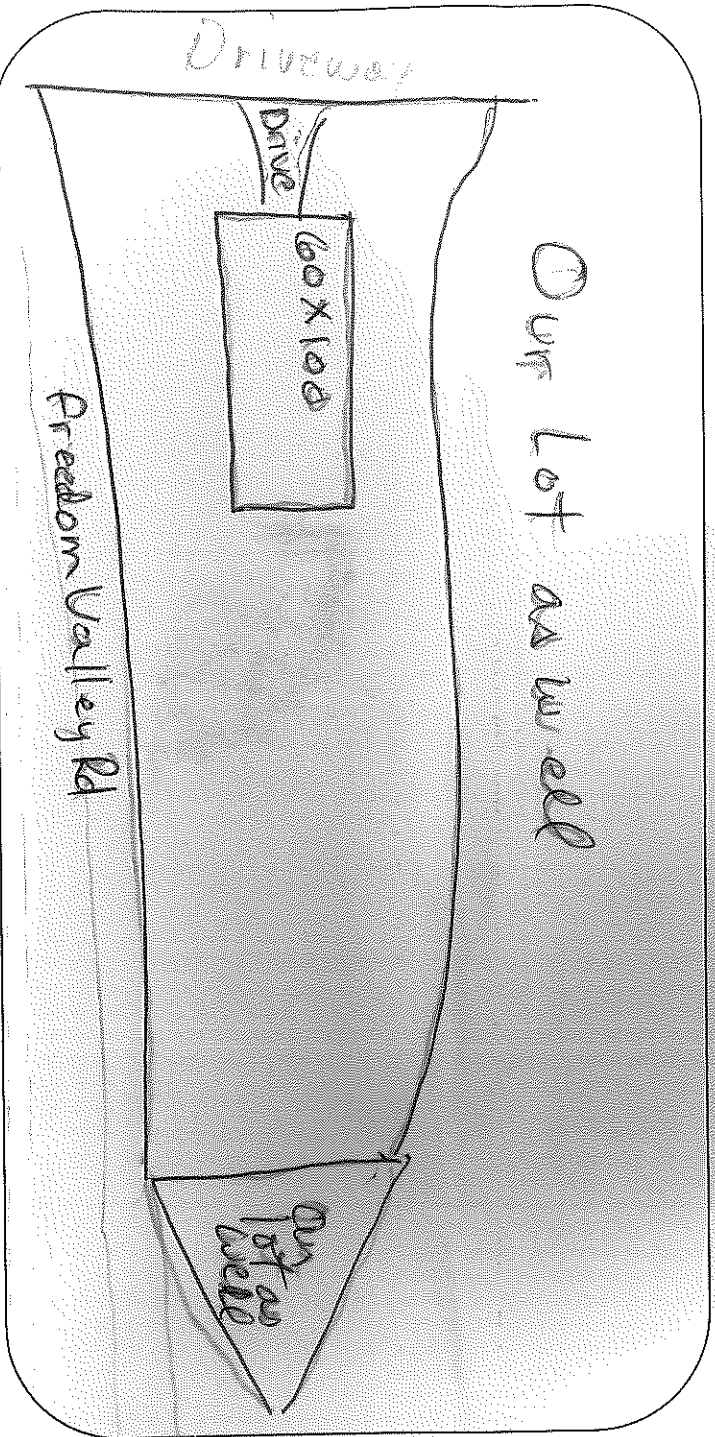
Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$70,000.	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> City <input type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	None
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement <input type="checkbox"/> Foundation		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> _____	<input type="checkbox"/> _____		<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
Residential Use	<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
		with (2 nd) Deck	(X)	
		with Attached Garage	(X)	
	<input type="checkbox"/>	Recreation Use		
	<input type="checkbox"/>	Commercial Use		
Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input checked="" type="checkbox"/>	Accessory Building (specify) <u>Pole shed</u>	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
Personal Use	<input type="checkbox"/>	Special Use: (explain) <u>Pole shed - personal storage</u>	(100 x 60)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	23' Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	24' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	50' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	100' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-0167		Permit Date: 5-24-17		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record) <input checked="" type="checkbox"/> Yes (Shared/Contiguous Lot(s)) <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Previously Granted by Variance (B.O.A.)
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		Case #:		
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record: North lot returned to correct violation of structures on the corner. Attached survey by [signature]		Zoning District (144B) Lakes Classification (14A)		Date of Re-Inspection:
Date of Inspection: 5-22-17		Inspected by: J Murphy		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
Building must meet required setbacks to easements & roads. Building shoe not be used for commercial rental storage purposes w/o necessary permits. No human habitation or other purpose.				
Signature of Inspector:		Date of Approval: 5-24-17		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0167** Issued To: **Michael & Kelly Brunelle**

Par in NW SW &
Location: **SW** ¼ of **NW** ¼ Section **17** Township **49** N. Range **5** W. Town of **Bayview**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Accessory Structure: [1- Story; Pole Shed (100' x 60') = 6,000 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building must meet required setbacks to easements and roads. Building shall not be used for commercial rental storage purposes without necessary permits. No human habitation or indoor plumbing fixtures allowed.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

May 24, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

DATE RECEIVED
APR 05 2017

ENTERED

Permit #:	17-0180
Date:	5-31-17
Amount Paid:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED: <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Rebecca Sue Nielson	Mailing Address: PO Box 6	City/State/Zip: Bayfield WI 54814	Telephone: 715 779 9760
Address of Property: 78415 Hwy 13		Contractor Phone: WI	Cell Phone: NONE
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Plumber:	Plumber Phone:
Agent Phone:		Agent Mailing Address (include City/State/Zip):	
PROJECT LOCATION NE 1/4, SW 1/4		Legal Description: (Use Tax Statement) PLN: (23 digits) 04-008-2-49-04-21-301-000-100 00	
Gov't Lot		Lot(s)	CSM
Vol & Page		Lot(s) No.	Block(s) No.
Town of: Bayview		Subdivision:	
Section 21 , Township 49 N, Range 04 W		Lot Size	Acreage 4.998
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland		Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue -->		Distance Structure is from Shoreline: _____ feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue -->			

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 4	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: MOUND	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input checked="" type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Principal Structure (first structure on property)		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with Loft		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with a Porch		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with (2 nd) Deck		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with (2 nd) Deck with Attached Garage		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Mobile Home (manufactured date) _____		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Addition/Alteration (specify) _____		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Accessory Building (specify) _____		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input checked="" type="checkbox"/> Special Use: (explain) USE 13'x12' ROOM for MESSAGE		(13' x 12')	156'
<input type="checkbox"/> Conditional Use: (explain) HOME BASED BUSINESS		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Other: (explain) _____		(<input type="checkbox"/> X <input type="checkbox"/>)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property and/or any reasonable site for the purpose of inspection.

Owner(s): Rebecca Sue Nielson Date 3/20/17

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____

Attach

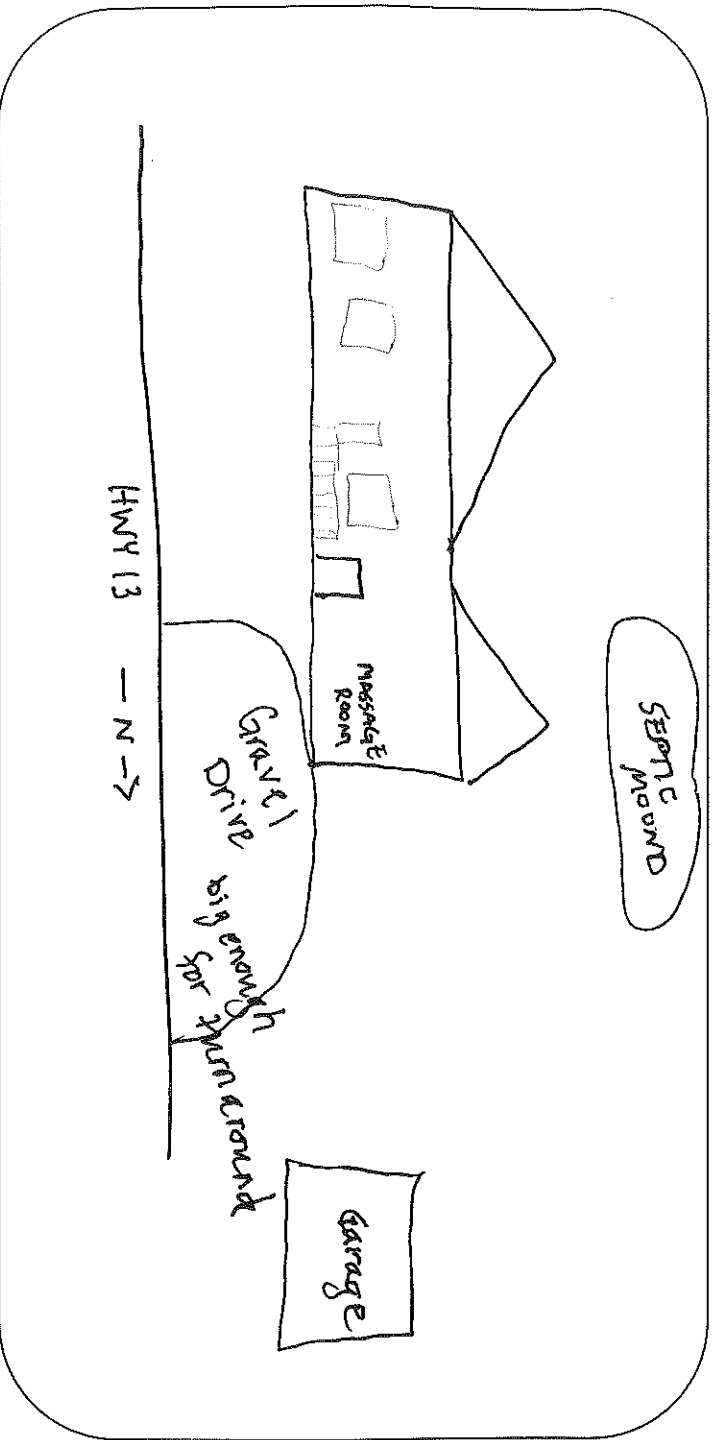
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Box below. Draw or Sketch your Property (regardless of what you are applying for)

- (1) **Show Location of:** **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	70 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	40 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 11-1005	# of bedrooms: 1	Sanitary Date: March 9-29-11
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-0180		Permit Date: 5-31-17		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Case #:	
Was Parcel Legally Created		<input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	
Was Proposed Building Site Delineated		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	
Inspection Record:				
Date of Inspection: 5-9-17		Inspected by: JCM		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)				
Signature of Inspector: PER PLANNING & ZONING APPROVAL + ANY CONDITIONS 5-18-17				
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>
				Date of Approval: 5-30-17

own, City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – 11-100S
SIGN –
SPECIAL – Class B
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0180** Issued To: **Rebecca Nielson**

2 Par in
Location: **NE** $\frac{1}{4}$ of **SW** $\frac{1}{4}$ Section **21** Township **49** N. Range **4** W. Town of **Bayview**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Other: [Home-based Business (Massage Therapy)]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Per Planning and Zoning approval and any conditions from the May 18, 2017 (no conditions placed by Committee). May not occupy more than twenty-five percent (25%) of the residential floor space or seventy-five percent (75%) of the floor space of an accessory structure and shall not employ more than one (1) nonresident employee.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

May 31, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT		ENTERED	
BAYFIELD COUNTY, WISCONSIN		Permit #:	17-0182
Date Stamp (Received)	APR 04 2017	Date:	5-31-17
		Amount Paid:	SEE OTHER APP
		Refund:	

Bayfield Co. Zoning Dept. Application

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: ALLAN SMILES	Mailing Address: 1121 VAUGHN AVE. ASHLAND, WI 54806	City/State/Zip: 715-482-3155
Address of Property: 81720 BAYVIEW PARK ROAD	City/State/Zip: WASHBURN, WI 54891	Cell Phone: 715-292-2723
Contractor: NEELSON CONSTRUCTION	Contractor Phone: 715-747-3200	Plumber: N/A
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: 715-209-1800	Agent Mailing Address (include City/State/Zip): PO Box 5 LA POINTE, WI 54850
ARNOLD NEELSON	Tax ID# (4-5 digits): 6293	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: _____ R. _____
PROJECT LOCATION: Legal Description: (Use Tax Statement) COPY ATTACHED	Gov't Lot: 1 Lot(s): 1 CSM: 336.444 Vol & Page: 336, 444 Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____	Lot Size: _____ Acreage: 1.824
Section 05 , Township 49 N, Range 04 W	Town of: BAYVIEW	

<input checked="" type="checkbox"/> Shoreland →	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: its against shoreline feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: its against shoreline feet		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or Basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$25,000.00	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property <input checked="" type="checkbox"/> Shoreland Imp Proj	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Principal Structure (first structure on property)		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with Loft		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with a Porch		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with (2 nd) Deck		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with a Deck		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with (2 nd) Deck		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with Attached Garage		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Mobile Home (manufactured date) _____		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Addition/Alteration (specify) _____		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Accessory Building (specify) _____		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input checked="" type="checkbox"/> Special Use: (explain) SHORELAND OWNER SPECIAL A		(<input type="checkbox"/> X <input type="checkbox"/>)	1,060
<input type="checkbox"/> Conditional Use: (explain) _____		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Other: (explain) _____		(<input type="checkbox"/> X <input type="checkbox"/>)	

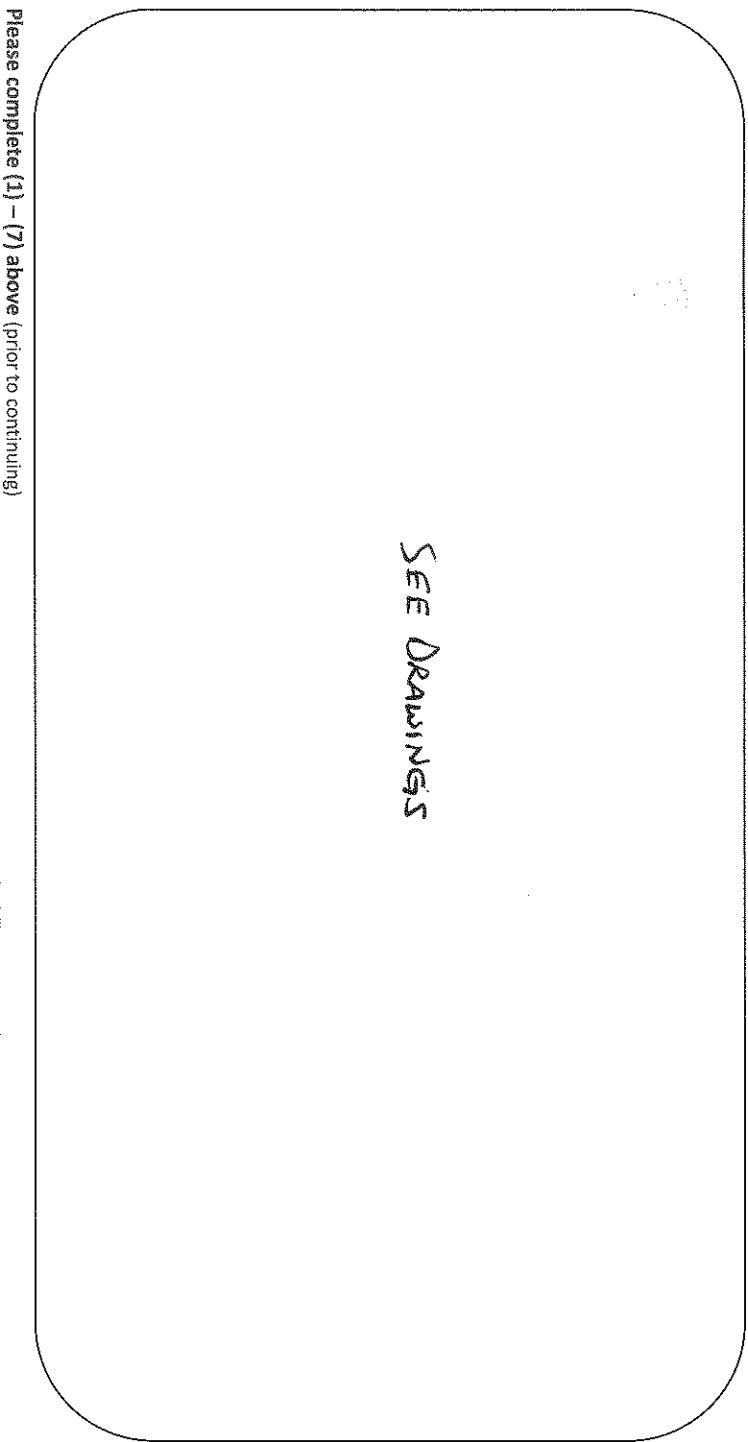
FAILURE TO OBTAIN A PERMIT TO START CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that: I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: **Arnold Neelson** Agent _____ Date: **3-31-17**
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: **Send to owner and copy to Neelson Construction Co.**
Copy of Tax Statement _____
If you recently purchased the property send your Recorded Deed _____

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

SEE DRAWINGS



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:				
Permit #: 17-0182		Permit Date: 5-31-17				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Tused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Granted by Variance (B.O.A.)		Case #:	Previously Granted by Variance (B.O.A.)		Case #:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Zoning District:	12-1RB	
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Lakes Classification	1-1-1A	
Inspection Record:						
Date of Inspection: 5-17-17		Inspected by: [Signature]	Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached)						
PER APPROVAL OF PLANNING & ZONING COMMITTEE + ANY CONDITION OF DNR FOR RIP RAP/VEGETATION						
Signature of Inspector: [Signature]						
Hold For Sanitary: <input type="checkbox"/> [Signature]		Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: [Signature]	

Page 2 of 2

*helle
Landschaft*

Wald

Graben

Anne Meier

8-3-17

own, City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL – Class B
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0182** Issued To: **Smiles & Knight / Arnold Nelson, Agent**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **5** Township **49** N. Range **4** W. Town of **Bayview**

2 Par in

Gov't Lot **1** Lot Block Subdivision CSM#

For: **Residential Other: [Shoreland Grading]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Per approval of Planning and Zoning Committee and DNR condition for riprap.**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

May 31, 2017

Date